



) Group Art Unit 3634  
) David M. Purol, Examiner

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I hereby certify that this correspondence was deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 7th day of June, 2005.

Phillip L. Kenner, Reg. 22,353

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Responsive to the Office Action dated December 7, 2004, the Applicants, through their attorney, respond as follows.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.

02 FC:1201	156.00 DA	244.00 OP
03 FC:1202	200.00 DA	

In re application of Edward Carl Johnston and Dwayne Joseph Kornish

Serial No. 10/760,042

Filed January 15, 2004

For SHIELD FOR A MOVABLE BARRIER

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



Sir:

Transmitted herewith is a Response to the Office Action in the above-identified application.

☐ Small entity status of this application is hereby asserted.☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.☐ No additional fee is required

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col.3)	Small Entity		Or	Other Than A Small Entity	
For:	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra	Rate	Addit. Fee		Rate	Addit. Fee
Total	24	Minus	20	4	x9	\$		x86	\$ 72.00
Indep	5	Minus	3	2	x43	\$		x86	\$172.00
0 First Presentation of Mult. Dep. Claims					145	\$		+290	\$
					Total			Total	\$244.00

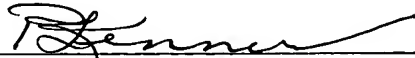
\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No.18-0987 in the amount of \$\_\_\_\_\_. A duplicate copy of this sheet is attached.☐ A check in the amount of \$ 244.00 is attached.☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No.18-0987. A duplicate copy of this sheet is attached.☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims, in the event sufficient payment is not enclosed.☒ Any patent application processing fees under 37 CFR 1.17.Date: June 7, 2005

  
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